MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 59359~

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1ST AMENDMENT IND.	AFTER 1ST AMENDMENT DEP.	AFTER 2ND AMENDMENT IND.	AFTER 2ND AMENDMENT DEP.
1	1		1			
2		1			1	
3		1			1	
4		1			1	
5					1	
6		3			1	
7					1	
8		2			1	
9		0			1	
10		0			1	
11	1	0	1			
12		0			1	
13		0			1	
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TOTAL IND.	2		2			
TOTAL DEP.	15		12			
TOTAL CLAIMS	17		14			

	AS FILED IND.	AS FILED DEP.	AFTER 1ST AMENDMENT IND.	AFTER 1ST AMENDMENT DEP.	AFTER 2ND AMENDMENT IND.	AFTER 2ND AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)